

**FEC
FORM 3**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

SECRETARY OF THE SENATE

10 AUG -4 AM 10:43

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

J, O, H, N, E, V, A, N, S, F, O, R, S, E, N, A, T, E

J, O, H, N, V., E, V, A, N, S., T, R, E, A, S, U, R, E, R

ADDRESS (number and street) P. O. BOX 1188

Check if different than previously reported. (ACC)

B, U, R, L, E, Y, I, D, 8, 3, 3, 1, 8

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲ STATE ▼ DISTRICT

C

3. IS THIS REPORT X NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

X July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

Primary (12P) General (12G) Runoff (12R)

Convention (12C) Special (12S)

Election on M M / D D / Y Y Y Y in the State of

(c) 30-Day POST-Election Report for the:

General (30G) Runoff (30R) Special (30S)

Election on M M / D D / Y Y Y Y in the State of

5. Covering Period 0 4 / 0 1 / 2 0 1 0 through 0 6 / 3 0 / 2 0 1 0

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer John V. Evans, Sr.

Signature of Treasurer

Date

0 7 / 2 3 / 2 0 1 0

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only

FEC FORM 3
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

John Evans for Senate

Report Covering the Period: From: ^M0 ^M4 / ^D0 ^D1 / ^Y2 ^Y0 ^Y1 ^Y0

To: ^M0 ^M6 / ^D3 ^D0 / ^Y2 ^Y0 ^Y1 ^Y0

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	, , *	, , *
(b) Total Contribution Refunds (from Line 20(d))	, , *	, , *
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	, , *	, , *
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	, , .00	, 1,196.50
(b) Total Offsets to Operating Expenditures (from Line 14)	, , *	, , *
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	, , .00	, 1,196.50
8. Cash on Hand at Close of Reporting Period (from Line 27)	, , *	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	, , *	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	, , *	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

10020593011

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name

John Evans for Senate

Report Covering the Period: From: ^M0 ^M4 / ^D0 ^D1 / ^Y2 ^Y0 ^Y1 ^Y0 To: ^M0 ^M6 / ^D3 ^D0 / ^Y2 ^Y0 ^Y1 ^Y0

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	,	,
(ii) Unitemized	,	,
(iii) TOTAL of contributions from individuals	,	,
(b) Political Party Committees	,	,
(c) Other Political Committees (such as PACs)	,	,
(d) The Candidate	,	,
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	,	,
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
13. LOANS:		
(a) Made or Guaranteed by the Candidate	,	,
(b) All Other Loans	,	,
(c) TOTAL LOANS (add Lines 13(a) and (b))	,	,
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)		
15. OTHER RECEIPTS (Dividends, Interest, etc.)		
	, 4 7 3.3 8	, 1,2 0 4.7 2
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)	, 4 7 3.3 8	, 1,2 0 4.7 2

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DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	, 0 0	, 1,196.50
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....		
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....		
(b) Of All Other Loans.....		
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....		
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....		
(b) Political Party Committees.....		
(c) Other Political Committees (such as PACs).....		
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....		
21. OTHER DISBURSEMENTS.....		
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	, 0 0	, 1,196.50

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	, 60,232.72
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	, 473.38
25. SUBTOTAL (add Line 23 and Line 24).....	, 60,706.10
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	, 0 0
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	, 60,706.10

10020593013

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE		OF
	<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
John Evans for Senate

A. Full Name (Last, First, Middle Initial)
D.L. Evans Bank

Mailing Address
P.O. Box 1188

City **Burley** State ID **C** Zip Code **83318**

FEC ID number of contributing federal political committee. **C**

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) _____

Election Cycle-to-Date _____

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 2 5 / 2 0 1 0

Checking Interest
Amount of Each Receipt this Period
. 1 2

B. Full Name (Last, First, Middle Initial)
D.L. Evans Bank

Mailing Address
P.O. Box 1188

City **Burley** State ID **C** Zip Code **83318**

FEC ID number of contributing federal political committee. **C**

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) _____

Election Cycle-to-Date _____

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 1 0

CD Interest
Amount of Each Receipt this Period
, 4 7 3.2 6

C. Full Name (Last, First, Middle Initial) _____

Mailing Address _____

City _____ State _____ Zip Code _____

FEC ID number of contributing federal political committee. **C**

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) _____

Election Cycle-to-Date _____

Date of Receipt
M M / D D / Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

, 4 7 3 .3 8

, 4 7 3 .3 8

10020593014

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE OF

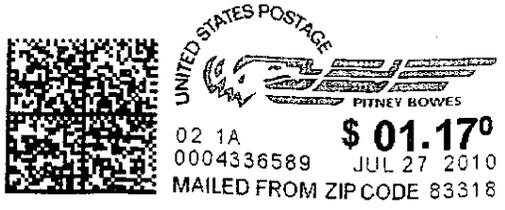
<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)
John Evans for Senate

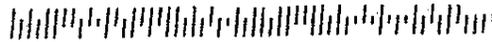
Full Name (Last, First, Middle Initial)		Date of Disbursement	
Mailing Address		M M / D D / Y Y Y Y	
City State Zip Code		Amount of Each Disbursement this Period	
Purpose of Disbursement		, , *	
Candidate Name		Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			
Full Name (Last, First, Middle Initial)		Date of Disbursement	
Mailing Address		M M / D D / Y Y Y Y	
City State Zip Code		Amount of Each Disbursement this Period	
Purpose of Disbursement		, , *	
Candidate Name		Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			
Full Name (Last, First, Middle Initial)		Date of Disbursement	
Mailing Address		M M / D D / Y Y Y Y	
City State Zip Code		Amount of Each Disbursement this Period	
Purpose of Disbursement		, , *	
Candidate Name		Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			
SUBTOTAL of Disbursements This Page (optional)		, , .0 0	
TOTAL This Period (last page this line number only)		, , .0 0	

10020593015



397 N. Overland Avenue
PO Box 1188
Burley, ID 83318

TO: Secretary of the Senate
Office of Public Records
232 Hart Senate Office Building
Washington, DC 20510-7116



10020593016

NANCY ERICKSON
SECRETARY

DANA K. MCCALLUM
SUPERINTENDENT

HART SENATE OFFICE BUILDING
SUITE 232
WASHINGTON, DC 20510-7116
PHONE: (202) 224-0322

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED _____

Date of Receipt

USPS FIRST CLASS MAIL 07-27-10
Postmark

USPS REGISTERED/CERTIFIED _____
Postmark

USPS PRIORITY MAIL _____
Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL _____
Postmark

OVERNIGHT DELIVERY SERVICE:

SHIPPING DATE

NEXT BUSINESS DAY DELIVERY

FEDERAL EXPRESS _____

UPS _____

DHL _____

AIRBORNE EXPRESS _____

RECEIVED FROM FEDERAL ELECTION COMMISSION _____
Date of Receipt

POSTMARK ILLEGIBLE

NO POSTMARK

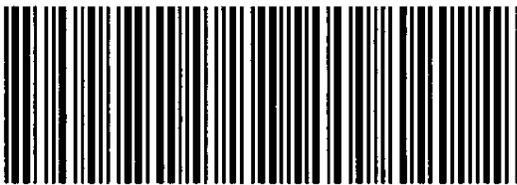
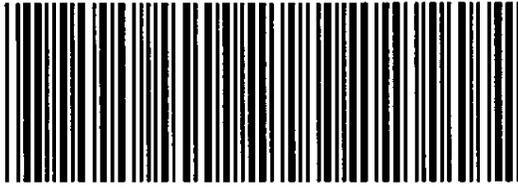
FAX _____
Date of Receipt

OTHER _____
Date of Receipt or Postmark

PREPARER RD

DATE PREPARED 08-04-10

10020593017



10020593018